

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) ██████████	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Robert	MI
	NICKNAME Bob	LAST Allen	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	10601 Big Horn Trail Frisco, TX 75035		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI
	NICKNAME Bob	LAST King	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8370 Fair Oaks Frisco, TX 75034		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	712-2391	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	12	12	2008
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	09	2009
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Frisco City Council - Place 1
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8.19

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 373.84

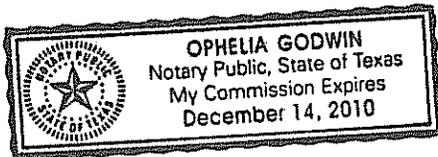
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert G Allen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Allen, this the 14 day of January, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ophelia Godwin
Print name of officer administering oath

Admin Asst
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Allen, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nunn, James (Mr.) ----- 6 Contributor address; City; State; Zip Code 11436 Eaglebend lane Frisco, TX 75035	7 Amount of contribution (\$) \$8.19	8 In-kind contribution description (if applicable) Reserve domain name for boballenforfrisco.com with godaddy.com (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 4/5
2 FILER NAME Allen, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/06/2009	5 Payee name Kinko's Frisco 6 Payee address; City; State; Zip Code : 8290 Hwy 121 Frisco, TX 75034	8 Amount (\$) \$182.25
7 Purpose of expenditure (See instructions regarding type of information required.) Terilli's Campaign Party Postcards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/12/2009	Payee name Kinko's Frisco Payee address; City; State; Zip Code 8290 Hwy 121 Frisco, TX 75034	Amount (\$) \$81.63
Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/30/2008	Payee name Kinko's Frisco, : 8290 Hwy 121 Frisco Payee address; City; State; Zip Code 8290 Hwy 121 Frisco, TX 75034	Amount (\$) \$62.90
Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/18/2008	Payee name Le Peep Resturant Payee address; City; State; Zip Code Preston Road Frisco, TX 75034	Amount (\$) \$31.68
Purpose of expenditure (See instructions regarding type of information required.) Campaign Planning Breakfast with BA, IS, and AG (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/09/2009	Payee name Mardel Store #28 Payee address; City; State; Zip Code 5222 Preston Road Frisco, TX 75034	Amount (\$) \$5.40
Purpose of expenditure (See instructions regarding type of information required.) Picture display board (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 5/5

2 FILER NAME Allen, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/10/2009	5 Payee name Walgreens	8 Amount (\$) \$9.98
	6 Payee address; City; State; Zip Code 8996 Stacy Rd Frisco, TX 75035	
7 Purpose of expenditure (See instructions regarding type of information required.) Pictures developed (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended